STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	R **08/15/2017**
NAME OF PROVIDER OR SUPPLIER **HIALEAH ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **158 WEST 8 STREET** **HIALEAH, FL 33010**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on August 15, 2017. Hialeah Alf Inc. (License # 5989) with Limited Mental Health and Limited Nursing Services components had no deficiencies identified at the time of the survey.